

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568945  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7		2				
8		2				
9		0				
10		0				
11		0				
12		0				
13		0				
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26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32	1					
33		1				
34		2				
35		0				
36		0				
37		0				
38	1					
39		1				
40		3				
41		3				
42		3				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59		0				
60		0				
61	1		1			
62		1		1		
63		2		2		
64		2		2		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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